

## Application Data Sheet

### Application Information

Application Type:	Regular
Subject Matter:	Utility
Suggested classification:	
Suggested Group Art Unit:	
CD-ROM or CD-R?:	None
Computer Readable Form (CRF)?:	No
Title:	AMBULATORY MEDICAL APPARATUS WITH HANDHELD COMMUNICATION DEVICE
Attorney Docket Number:	047711-0339
Request for Early Publication?:	No
Request for Non-Publication?:	No
Suggested Drawing Figure:	1
Total Drawing Sheets:	16
Small Entity?:	No
Petition included?:	No
Secrecy Order in Parent Appl.?:	No

### Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	Ronald J.
Family Name:	LEBEL
City of Residence:	Sherman Oaks
State or Province of Residence:	CA
Country of Residence:	US
Street of mailing address:	14625 Lacota Place
City of mailing address:	Sherman Oaks
State or Province of mailing address:	CA
Postal or Zip Code of mailing address:	91403

Applicant Authority Type:	Inventor
Primary Citizenship Country:	United States
Status:	Full Capacity
Given Name:	Varaz
Family Name:	SHAHMIRIAN
City of Residence:	Northridge
State or Province of Residence:	CA
Country of Residence:	US

**Street of mailing address:** 19812 Sierra Meadows Lane  
**City of mailing address:** Northridge  
**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91326

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** US  
**Status:** Full Capacity  
**Given Name:** Timothy J.  
**Family Name:** STARKWEATHER  
**City of Residence:** Simi Valley  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 2978 Stacy Drive  
**City of mailing address:** Simi Valley  
**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 93063

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** US  
**Status:** Full Capacity  
**Given Name:** Daniel H.  
**Family Name:** VILLEGAS  
**City of Residence:** Granada Hills  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 17617 Clymer Street  
**City of mailing address:** Granada Hills  
**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91344

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** US  
**Status:** Full Capacity  
**Given Name:** David Y.  
**Family Name:** CHOY  
**City of Residence:** San Gabriel  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 801 Montecito Drive  
**City of mailing address:** San Gabriel

**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91776

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** US  
**Status:** Full Capacity  
**Given Name:** Phillip T.  
**Family Name:** WEISS  
**City of Residence:** Pasadena  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 747 N. Mentor Avenue  
**City of mailing address:** Pasadena  
**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91104

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Singapore  
**Status:** Full Capacity  
**Given Name:** Colin A.  
**Family Name:** CHONG  
**City of Residence:** Glendale  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 616 W. Wilson Avenue  
**City of mailing address:** Glendale  
**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91203

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** US  
**Status:** Full Capacity  
**Given Name:** Peter C.  
**Family Name:** LORD  
**City of Residence:** Santa Clarita  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 25505 Old Course Way  
**City of mailing address:** Santa Clarita

**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91355

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** US  
**Status:** Full Capacity  
**Given Name:** Wayne A.  
**Family Name:** MORGAN  
**City of Residence:** Northridge  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 17524 Prairie Street  
**City of mailing address:** Northridge  
**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91325

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** US  
**Status:** Full Capacity  
**Given Name:** Paul M.  
**Family Name:** MEADOWS  
**City of Residence:** Glendale  
**State or Province of Residence:** CA  
**Country of Residence:** US  
**Street of mailing address:** 1854 Los Encinos Ave.  
**City of mailing address:** Glendale  
**State or Province of mailing address:** CA  
**Postal or Zip Code of mailing address:** 91201

#### **Correspondence Information**

**Correspondence Customer Number:** 23392  
**E-Mail address:** PTOMailLosAngeles@Foley.com

#### **Representative Information**

<b>Representative Customer Number:</b>	23392	
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**Domestic Priority Information**

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/177,414	1/21/2000
This Application	Division of	09/768,204	1/22/2001

**Foreign Priority Information**

<b>Country:</b>	<b>Application number:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>

**Assignee Information****Assignee name:**

Medtronic MiniMed, Inc.